

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Mohave</u> State <u>Arizona</u>		State File No. <u>288</u>	
Township _____		or Village <u>Short Creek</u>		Registered No. _____	
City _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Ward _____	
Length of residence in city or town where death occurred <u>26 yrs 6 mos 19 ds</u>		How long in U.S. if of foreign birth? _____ yrs _____ mos _____ ds			
2. FULL NAME <u>Marion Mathoni Saintzen</u>		How long in state where death occurred <u>26 yrs 6 mos 19 ds</u>			
(a) Residence: No. _____		(Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Husband of La Von Rosenberg</u>					
6. DATE OF BIRTH (month, day, and year) <u>12-7-1896</u>					
7. AGE	Years <u>42</u>	Months <u>1</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ranch</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 18-1939</u>				
MOTHER FATHER	11. Total time (years) spent in this occupation <u>42</u>				
	12. BIRTHPLACE (city or town) <u>Richfield</u> (state or country) <u>Utah</u>				
	13. NAME <u>Jacob M. Saintzen</u>				
	14. BIRTHPLACE (city or town) <u>Galburg</u> (State or country) <u>Denmark</u>				
MOTHER FATHER	15. MAIDEN NAME <u>Annie Gardner</u>				
	16. BIRTHPLACE (city or town) <u>Trucken</u> (State or country) <u>Utah</u>				
17. INFORMANT _____ (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL <u>Short Creek</u> Place <u>Private Property</u> Date <u>1-21-1939</u>					
19. UNDERTAKER <u>Under direction of J. H. Saintzen</u> (Address) <u>Short Creek</u>					
20. Filed <u>1-20-1939</u> <u>S. S. Barlow</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan 19</u> , 19 <u>39</u>					
22. I HEREBY CERTIFY, that I attended deceased from <u>was called, death occurred before arrival</u> I last saw him alive on <u>Jan 19</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>5 a</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Coronary thrombosis</u> Date of Onset: <u>1-17-39</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>History of case</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____ M. D.					
(Signed) <u>James T. Clark</u>					
(Address) <u>Springdale Utah</u>					